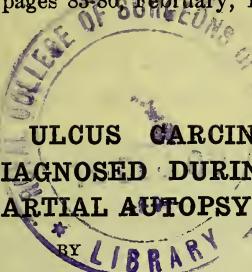


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## A CASE OF ULCUS CARCINOMATOSUM DIAGNOSED DURING LIFE. PARTIAL AUTOPSY.

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Of late years, the etiological connection between gastric ulcer and cancer has received a wide scope of attention, and yet it is rare that cases of gastric carcinoma give clear cut histories of an ulcer having been present in the past. This is not strange considering the fact that more stomach ulcers exist than are diagnosed—as is proven by the rather common autopsy findings of healed gastric ulcers in those who have died from intercurrent affections.

The following case is worthy of reporting because it shows clinically a direct connection between ulcer and cancer, making possible a diagnosis that is not common during life (ulcus carcinomatosum), also, the danger in supposing that all acute ulcers are healed satisfactorily when the acute symptoms of the ulcer itself have practically subsided, and further, that the resulting cicatrix in susceptible persons, in advancing years, is possible of carcinomatous degeneration.

The patient was a man 57 years old, of good habits, and in whom the family history was negative. He looked fairly well nourished, and came to see me unattended from a town over 200 miles from New York City. He gave an indefinite history of digestive disturbance and constipation

running over about 30 years, which in the first 26 years was not attended with distinct gastric pain, vomiting, or loss of weight. One night, four years before I saw him, he was suddenly seized with acute pain in the epigastrium accompanied with steady vomiting for two days. At this time his first vomitus contained food and streaks of blood, and afterward a red tinged fluid. Gastric ulcer was diagnosed at the time, and measures were instituted for the treatment of that condition. He made a quick recovery from the acute illness, and was out of bed in two weeks, and at his work of farming ten days afterward.

Since that time, his digestive disturbance has been worse. In the first year he had considerable pain in his stomach after meals, and, unless he was careful in the selection of the character of foods and the quantities he ate at one time, he would vomit the stomach contents and be more or less distressed for some days afterward. In a less prominent way, his local history ran on until about four months before I saw him when he began to lose weight rapidly and became physically too weak to attend to his work. He then began to vomit more steadily, although he thought that altogether he had less pain in his stomach than before, excepting at the attack of ulcer.

On physical examination he looked like a man who had lost weight but still was fairly well nourished. He was perceptibly nervous, although not apprehensive during the examination. There were some coarse mucous rales in his bronchi, and a soft hemic bruit over the body of the heart and in the jugulars. His stomach was not dilated, I could feel no tumor, nor was there much tenderness on deep pressure in the epigastrium although he held the up-

per segments of his recti somewhat tense. There was a mild degree of intestinal distension, and a scybalous mass could be felt in the sigmoid. His blood showed 2,700,000 red, and 14,000 white cells. The dif-

was negative on examination for T. B. and other organisms.

Following my custom, I advised him to eat for supper a dish of prunes and raisins at eight o'clock that night and visit me in

Dense formation of connective tissue and cancer cells replacing the glandularis.

Shreds of connective tissue on the free surface of the ulcer with a line of connective tissue under same.

Large globular carcinoma formation with capsule around it.

Pyloric muscle.

Areolar and connective tissue between and above peritoneum.



Ulcus Carcinomatosum. X 13½.  
Stained with Van Gieson. (Hanson).

ferential count was not significant, nor did the microscopical examination of the morphology of the red cells disclose more than the anaemia; a few poikilocytes were observed. His urine contained  $\frac{3}{4}$  of one per cent. of albumin, and a variety of casts, excepting blood and epithelial. Sputum

the morning, which he did. I then washed out his stomach with 1000 c.c. of normal saline solution which I saved for detailed examination, and then with 2000 c.c. more which I examined only macroscopically. No particles of prunes or raisins were found, arguing against retention. The first 1000

c.c. revealed traces of hydrochloric acid but no blood. Centrifuging the lower 500 c.c. of this (after the whole quantity had stood for one hour), I found pus cells, staphlococci, leucocytes, small cells (probably free nuclei) and a few shreds which looked like connective tissue interspersed with mucus. An Ewald test meal extracted the same morning showed free HCl 14°, combined HCl 10° (making 24 degrees of total HCl), and a total acidity of 31°. There were present very small amounts of organic acids, an increased bacterial flora consisting mostly of staphylococci, but no Boas-Oppler.

By the series test meal method, which I have advanced for making diagnoses of early carcinoma of the stomach, in the six subsequent Ewald meals (removed during 19 days) the following were noted, A rather steady diminution of hydrochloric acid with a rising quantity of organic acids—mainly lactic—the bacterial picture always being the same in all test meals, and occult blood present on two occasions.

With the history of an acute, most probably followed by chronic ulcer of the stomach, the developing loss of the weight beginning late in the history of the latter, the onset at this time of more continuous vomiting and loss of pain, the steady diminution in the amounts of hydrochloric acid secretion and the raising of the organic acids, the two occasions when blood was noted, the presence of pus in the empty stomach, and the constant presence of increased bacterial flora always of the same type, the steady loss of weight noted each morning before breakfast and after the bowels had moved and the urine voided

(which loss ran down about two pounds in a week), the increasing anaemia, and the fact that when the epigastrium was examined in a prolonged bath a mass about as large as a hen's egg could be felt deeply situated in the pyloric region, made possible a diagnosis of *ulcus carcinomatousum*.

Operation or exploratory incision was refused at the time of the making of the diagnosis. The patient gradually developed the general clinical picture of cancer, although in so far as the local symptoms were concerned they abated if anything under the fluid and semisolid diet. His death occurred at the end of an extreme emaciation, to which finally were added an anuria and convulsions probably of kidney origin. The family consenting to an incision for investigation and refusing the performing of a complete autopsy, I succeeded in obtaining this section of the pyloric region. At the autopsy, in as far as I could feel with my hand in the abdominal cavity, no other growth could be felt excepting that under the posterior wall of the stomach which was about as large as a child's fist. There were no metastases palpable on the surface of the liver, about gall bladder, in other parts of the stomach, or around in the peritoneal cavity. The lymphatic glands at the root of the mesentery, at the neck of the gall bladder, and along the greater curvature of the stomach were moderately enlarged.

<sup>1</sup> Bassler. Early Diagnosis of Gastric Carcinoma, Medical Record, Dec. 26, 1908.



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JANET Charles

Notes extraites des Comptes Rendus des  
Séances de l'Académie des Sciences.

(14-18)



*Liste des Notes  
insérées dans les Comptes rendus des Séances  
de l'Académie des Sciences*

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1. Sur les Nématodes des Glandes pharyngiennes des Fourmis (*Pelodera*) ;  
T. 117, p. 700; 1893; 4 fig.
2. Sur les Nerfs de l'antenne et les Organes chordotonaux chez les Fourmis ; T. 118, p. 814; 1894; 2 fig.
3. Sur le Système glandulaire des Fourmis ; T. 118, p. 989; 1894.
4. Sur les Nids de la Vespa crabro L.; Ordre d'apparition des alvéoles ;  
T. 119, p. 1282; 1894; 2 fig.
5. Sur la Vespa crabro. Ponte, Conservation de la chaleur dans le nid ;  
T. 120, p. 384; 1895; 1 fig.
6. Observations sur les Frelons ; T. 120, p. 940; 1895.
7. Sur les Muscles des Fourmis, des Guêpes et des Abeilles ; T. 121, p. 610;  
1895; 1 fig.
8. Sur les Rapports des Lépismides myrmécophiles avec les Fourmis ;  
T. 122, p. 799; 1896; 1 fig.
9. Sur les Rapports du Discopoma comata avec le Lasius mixtus ; T. 124,  
p. 102; 1897; 1 fig.
10. Sur les Rapports de l'Antennophorus uhlmanni Haller, avec le Lasius  
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11. Sur les Limites morphologiques des Anneaux du tégument et sur la  
situation des Membranes articulaires chez les Hyménoptères arrivés  
à l'état d'imago ; T. 126, p. 485; 1898; 3 fig.
12. Sur une Cavité du tégument servant, chez les Myrmicinae, à étaler au  
contact de l'air, un produit de sécrétion ; T. 126, p. 4168; 1898; 1 fig.
13. Réaction alcaline des chambres et galeries des nids de Fourmis. Durée  
de la vie des Fourmis décapitées ; T. 127, p. 430; 1898.
14. Sur un Organe non décrit, servant à la fermeture du réservoir du  
venin, et sur le Mode de fonctionnement de l'Aiguillon chez les  
Fourmis ; T. 127, p. 638; 1898; 1 fig.
15. Sur le Mécanisme du vol chez les Insectes ; T. 128, p. 249; 1899; 2 fig.
16. Remplacement des Muscles vibrateurs du vol par des colonnes d'Adipoctyes, chez les Fourmis, après le vol nuptial ; T. 142, p. 1095;  
1906; 2 fig.
17. Sur un Organe non décrit du thorax des Fourmis ailées ; T. 143,  
p. 522; 1906; 1 fig.
18. Histolyse, sans phagocytose, des Muscles vibrateurs du vol chez les  
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19. Histogénèse du Tissu adipeux remplaçant les Muscles vibrateurs  
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T. 144, p. 4070; 1907; figures.